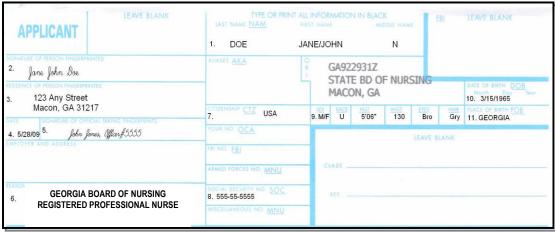## GEORGIA BOARD OF NURSING
237 Coliseum Drive • Macon, Georgia 31217
(478) 207-2440

Instructions for Out of State Applicants to Obtain Fingerprints for a Background Check

The Georgia Board of Nursing requires a fingerprint background check on all applicants. Because the State of Georgia does not have an electronic method in place to process background check requests for out of state applicants for licensure as a registered nurse, you may use the manual process below for submitting fingerprint cards directly to Cogent Systems. Cogent Systems will scan the fingerprint card and submit the images to the State. The fingerprint cards will be used to conduct a Federal/State criminal history record check on the applicant.

How can the out of state applicant obtain a fingerprint background check?

1. A local law enforcement agency or private fingerprinting company may provide fingerprint cards, but the applicant must ensure they are blue FBI fingerprint cards (FD-258). Individuals must request three fingerprint cards. Do **not** download fingerprint cards from the FBI web site, even if the FBI suggests you do so. *Only* card stock FD-258 fingerprint cards will be accepted.

2. When the applicant receives three (3) FBI cards, the applicant must legibly complete the identification section on each card. Below are the information blocks that must be completed in their entirety on all cards. Illegible and incomplete cards will not be processed and the applicant will be notified by the Georgia Board of Nursing to complete and submit **new** fingerprint cards. A local law enforcement agency or a private company that is trained and authorized must roll your fingerprints. **NOTE:** It is suggested that you have three (3) fingerprint cards printed, and submit only one (1) to Cogent Systems. You may have your first card rejected and be required to submit your other fingerprint cards at a later date.

W – White, Hispanic/Latino(a)
B – Black
A – Asian/Pacific Islander
I – American Indian/Alaskan Native
U – Unknown

Bl – Black
Bro – Brown
Blo – Blonde
Red – Red/Auburn
Gry – Gray
Blu – Blue
Grn – Green

1. **Printed Name - Last, First & Middle Names**
2. **Signature of Person Fingerprinted**
3. **Residence of Person Fingerprinted - Complete Address**
4. **Date Fingerprinted**
5. **Signature of Official Taking Fingerprints**
6. **Reason Fingerprinted Georgia Board of Nursing, Registered Professional Nurses**

7. **Citizenship (Country)**
8. **Social Security Number** *if Applicable*
9. **Sex, Race, Height, Weight, Eyes & Hair**
10. **Date of Birth**
11. **Place of Birth**

3. The applicant **MUST** register **ONLINE** at www.ga.cogentid.com prior to mailing in a fingerprint card. Mail your **printed receipt**, money order or cashiers check made payable to GA Card Receiver/Cogents Systems in the amount of $60.90 to GA Card Receiver, Cogent Systems, 5450 Frantz Road, Suite 250, Dublin, Ohio 43016.

4. Applicants must include their **REGISTRATION ID** (obtained online during registration) on the back of the fingerprint card.

Registration Process

1. Visit the website at **www.cogentid.com.**

2. Select **Georgia/GAPS**
   Locate the on Registration menu and choose **Single Applicant Registrations**
   (All of the fields that are in yellow and have an **asterisk (*)** must be completed)

3. Near the end of the Registration screen you will see a heading entitled **Transaction Information.** In this area you must:

a)   Click on the drop box next to **Reason** and select the reason the applicant is being fingerprinted (**Registered Professional Nurses**). If you submitted FD-258 fingerprint cards through mail to GAPS Cogent Systems please check the box that indicates (**Out of State Applicants ONLY, all other cards will be returned**) and confirm your use of fingerprint card.

b)   Click on the drop box next to **Payment** and select the appropriate payment option. If credit card is selected you will be prompted to enter additional information so please have credit card information available during the registration process. If the applicant is paying with a money order or cashier's check, the applicant must provide the money order or cashier's check, payable to **GA Card Receiver, Cogent Systems, 5450 Frantz Road, Suite 250, Dublin, Ohio 43016**.

c)   Enter **GA922931Z** in the **ORI/OAC** field.

d)   Enter **922931Z** in the **Verification** field.

        Do Not check the box for '**Does another agency make the fitness determination'**

e)   Click **Next** at the bottom of the page and you will be given the opportunity to review your information. If all of the information displayed is correct, click **Next** and you will be given a **Registration ID** number. The **Registration ID** number **will be needed** by the applicant to be written on back of the fingerprint card.